



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL

City of Hospital: Tipton

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1311

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$32741717
Outpatient Patient Service Revenue	\$69868846
Total Gross Patient Service Revenue	\$102610563

2. Deductions From Revenue

Contractual Allowance	\$62241763
Other Deductions	\$602121
Total Deductions	\$62843884

3. Total Operating Revenue

Net Patient Service Revenue	\$39766679
Other Operating Revenue	\$1110293
Total Operating Revenue	\$40876972

4. Operating Expenses

Salaries and Wages	\$11256184	Employee Benefits	\$2641465
Depreciation and Amortization	\$1695318	Interest Expense	\$742787
Bad Debt	\$1622627	Other Expenses	\$19773172
Total Operating Expenses	\$37731553		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3145419	Total Assets	\$58695024
Net Non-operating Gains over Loss	\$245382	Total Liabilities	\$58695024

Total Net Gains	\$3390801
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51165649	\$36053909	\$15111740
Medicaid	\$10104451	\$8259290	\$1845161
Other Government	\$888418	\$515427	\$372991
Other State	\$0	\$0	\$0
Other Payers	\$40452044	\$19637886	\$20814158
Total	\$102610562	\$64466512	\$38144050

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$144305	\$-144305

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$78882	\$-78882
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	191

Statement Six: Charity Statement
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Hospital Charity Charges	\$1721462
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$581010	
HCI Payments	\$0		
Subtotal	\$0	\$581010	\$-581010
Medicaid Shortfalls	\$1956690	\$4455263	
Subtotal	\$1956690	\$5036273	\$-3079583
DSH Payments	\$0		
Subtotal	\$1956690	\$5036273	\$-3079583
Medicare Shortfalls	\$13588316	\$13467321	
Other Government Programs	\$0	\$0	
Total	\$15545006	\$18503594	\$-2958588

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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